

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/831393		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
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2		/		/			52						
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49							99						
50							100						
TOTAL IND.	4		2				TOTAL IND.						
TOTAL DER.	5		3				TOTAL DER.						
TOTAL CLAIMS	9		5				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEINMENTS

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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